

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
300 SOWER BLVD  
FRANKFORT, KY 40601  
502-573-0147



For Office Use Only
<b>Transfer Fee \$50.00/well</b>
TR Ledger No _____
Bond No _____
Total Amount Remitted _____

## WELL TRANSFER

### PRESENT OPERATOR:

Operator \_\_\_\_\_

Address \_\_\_\_\_

Street

City State Zip

Phone No \_\_\_\_\_

Email \_\_\_\_\_

Total number of wells on this lease to be transferred \_\_\_\_\_

Lease Name \_\_\_\_\_

### TRANSFERRED TO:

Operator \_\_\_\_\_

Address \_\_\_\_\_

Street

City State Zip

Phone No \_\_\_\_\_

Email \_\_\_\_\_

Name of Principal Officer \_\_\_\_\_

County \_\_\_\_\_

Permit No	Well No	Carter Coordinate Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attest: I, the undersigned, successor in title to the well(s) listed above or on the attached sheets, request the Division of Oil and Gas to transfer and place these wells under my bond. Thereby, I am assuming complete responsibility for them under KRS Chapter 353 or 349 and the rules and regulations promulgated thereunder. If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

_____	_____	_____
Date	Signature of Purchaser	Title

Acknowledged _____	_____	_____
	Signature of Selling Operator	Title

Instructions: Use a separate form for each lease. Attach a separate list, if there are more wells than can be listed on this form. Attach a letter to the division affirming I accept responsibility for any reclamation plan requirements associated with the wells listed above as required by 805 KAR 1:170. Enclose \$50.00 per well transfer fee. Make checks payable to Kentucky State Treasurer.